

1445

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
			BUREAU OF VITAL STATISTICS	State Index No. <u>432</u>
County <u>Yavapai</u>			County Registered No. <u>110</u>	
District <u>Prescott</u>			Local Registrar's No. _____	
Town _____			ORIGINAL CERTIFICATE OF DEATH	
Or City _____			No. <u>Mercy Hosp</u>	
(If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Charles Edward Champie</u>				
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u> Indian Black Chinese Mexican	SINGLE MARRIED WIDOWED or DIVORCED	DATE OF DEATH <u>May 29</u> 191 <u>9</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>June 8</u> 191 <u>8</u> (Month) (Day) (Year)			I hereby certify, that I attended deceased from <u>May 27</u> 191 <u>9</u> to <u>May 29</u> 191 <u>9</u> ; that I last saw him alive on <u>May 29</u> 191 <u>9</u> , and that death occurred on the date stated above at <u>8:30</u> A.M. The DISEASE or INJURY causing death was as follows: <u>Cholera Infantum</u> (Duration) _____ yrs. _____ mos. <u>12</u> days. Was disease contracted in Arizona? <u>Yes</u> If not, where? _____ CONTRIBUTORY _____ (Duration) _____ yrs. _____ mos. _____ days. (Signed) <u>H. B. M. Nally</u> <u>June 4</u> 191 <u>9</u> (Address) <u>Prescott, Ariz.</u> In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. LENGTH OF RESIDENCE _____ At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds. Former or Usual Residence _____ Filed <u>June 5</u> 191 <u>9</u> <u>H. A. Sauerhworth</u> <u>John W. Sauerhworth</u> Local Registrar County Registrar	
AGE _____ yrs. <u>11</u> mos. <u>21</u> days If less than 1 day _____ hrs. or _____ min.				
OCCUPATION (a) Trade, profession or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed or (employer) _____				
BIRTHPLACE (State or country) <u>Arizona</u>				
PARENTS	NAME OF FATHER <u>Charles T. Champie</u>			
	BIRTHPLACE OF FATHER (State or country) <u>Arizona</u>			
	MAIDEN NAME OF MOTHER <u>Eva. P. Gandy</u>			
	BIRTHPLACE OF MOTHER (State or country) <u>Louisiana</u>			
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Chas T Champie</u>				
(Address) <u>Hot Springs Ariz.</u>				
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
		_____ 191 <u>9</u>		
UNDERTAKER <u>Fester Ruffner</u>		ADDRESS <u>Prescott Ariz.</u>		